| IDEM | | NPDES Facility Compliance Evaluation Inspection Checklist Revised 9-6-07 | | | | |
|-------------------------|----------------|--|-----------------|--|--|--|
| NPD <u>ES</u> Permit #: | Facility Name: | 1601360 7-0-07 | Month/Day/Year: | | | |

All evaluations indicated on this form are based upon the Inspector's observations at the time of the inspection.

A. Receiving Waters Appearance

| | | | | 1. The receiving stream is visibly: | 7 |
|-----|----|-----|-----|---|----------|
| Yes | No | N/E | N/A | a. Free of excessive deposits of settled solids. | \dashv |
| Yes | No | N/E | N/A | b. Free of excessive floating debris, oil, scum, or foam. | \dashv |
| | | | | 0 , , , , , , , , , , , , , , , , , , , | - 1 |

B. Effluent Appearance

| | 1. At the time of the inspection, effluent is essentially: |
|----------------|--|
| Yes No N/E N/A | |
| Yes No N/E N/A | b. Free of excessive floating debris, oil, scum, or foam. |
| | |

C. Permit

| Yes | No | N/E | N/A | 1. | The permit has been properly transferred. |
|-----|----|-----|-----------|----|--|
| Yes | No | N/E | - x 7 / x | _ | Receiving waters are accurately described in permit. |
| | | | | | |

D. CSO/SSO (Sewer Overflow)

| Yes | No | N/E | N/A | 1. | CSOs are adequately monitored, and results are reported as required. |
|-----|----|-----|-----|----|--|
| Yes | No | N/E | N/A | 2. | Facility has met SSO reporting requirements. |

E. Facility/Site

| Yes | No | N/E | N/A | 1. | Facility has standby power or equivalent provision. |
|-----|----|-----|-----|----|--|
| Yes | No | N/E | N/A | 2. | An adequate alarm or notification system for power or equipment failure is available. |
| Yes | No | N/E | N/A | 3. | Facility grounds are maintained in a manner which allows adequate access and/or view of all units. |
| | | | | | The first the state of the stat |

F. Operation

| | | | | 1. All facilities and systems necessary for achieving compliance with the terms and conditions of the permit are operated in a manner consistent with the following: |
|-----|----|-----|-----|--|
| Yes | No | N/E | N/A | a. All facilities and systems are operated efficiently. |
| Yes | No | N/E | N/A | b. An adequate, qualified operating staff is provided to carry out the operation of the facility. |
| Yes | No | N/E | N/A | 2. Sufficient sludge is wasted from treatment system at proper time intervals to maintain process efficiency. |

G. Maintenance

| Yes | No | N/E | N/A | 1. A maintenance record system has been established and includes: |
|-----|----|-----|-----|---|
| Yes | No | N/E | N/A | a. Maintenance history. |
| Yes | No | N/E | N/A | b. Repair history. |
| Yes | No | N/E | N/A | 2. A preventative maintenance (PM) plan has been established. |
| Yes | No | N/E | N/A | 3. Lift station inspections are adequate. |
| Yes | No | N/E | N/A | |
| Yes | No | N/E | N/A | 5. Collection system maintenance is adequate. |

H. Sludge Disposal

| Yes | No | N/E | N/A | 1. | Sufficient Sludge is disposed of to maintain overall efficiency of facility. |
|-----|----|-----|-----|----|--|
| Yes | No | N/E | N/A | 2. | Sludges, screenings, and slurries are properly handled and disposed of. |

I. Self-Monitoring Program

| Yes | No | N/E | N/A | 1. | Samples are taken at pre-designated locations. |
|-----|----|-----|-----|----|---|
| Yes | No | N/E | N/A | 2. | Samples are representative. |
| Yes | No | N/E | N/A | 3. | Flow proportioned samples are obtained where needed. |
| Yes | No | N/E | N/A | 4. | Facility conducts sampling and analyses on parameters and wastestreams specified in the permit. |
| Yes | No | N/E | N/A | 5. | Facility conducts sampling and analyses of types and at frequencies specified in the permit. |
| | | | | 6. | Sample collection procedures include: |
| Yes | No | N/E | N/A | | a. Samples are refrigerated during compositing. |
| Yes | No | N/E | N/A | | b. Proper preservation techniques are used. |
| Yes | No | N/E | N/A | | c. Containers and holding times conform to 40 CFR 136.3. |
| | | | | 7. | Automatic sampling procedures include: |
| Yes | No | N/E | N/A | | a. Sample intake tubing is placed in a well-mixed representative location. |
| Yes | No | N/E | N/A | | b. Proper tubing is used for parameters analyzed. |
| Yes | No | N/E | N/A | | c. Proper composite sample container is used for parameters analyzed. |
| Yes | No | N/E | N/A | | d. Proper refrigeration of composite container is documented. |
| | | | | 8. | Sampling and analysis data include: |
| Yes | No | N/E | N/A | | a. Dates, times, and location of sampling. |
| Yes | No | N/E | N/A | | b. Name of individual performing sampling. |
| Yes | No | N/E | N/A | | c. Analytical methods and techniques. |
| Yes | No | N/E | N/A | | d. Results of analyses and calibration. |
| Yes | No | N/E | N/A | | e. Dates of analyses. |
| Yes | No | N/E | N/A | | f. Name of person performing analyses. |
| Yes | No | N/E | N/A | | g. Instantaneous flow for flow weighted aliquots. |
| Yes | No | N/E | N/A | 9. | NPDES Permit Whole Effluent Toxicity (WET) testing requirements are being met. |

J. Flow Measurement

| Yes | No | N/E | N/A | 1. | Flow is properly monitored as required by the permit. |
|-----|----|-----|-----|----|---|
| Yes | No | N/E | N/A | 2. | Flow charts and records are available for review. |
| Yes | No | N/E | N/A | 3. | Calibration records are available for review. |
| Yes | No | N/E | N/A | 4. | Effluent flow is used in calculating effluent loadings. |

K. Laboratory

| Yes | No | N/E | N/A | 1. | Written laboratory QA/QC manual available. |
|-----|----|-----|-----|----|---|
| Yes | No | N/E | N/A | 2. | Chain-of-Custody procedures followed. |
| Yes | No | N/E | N/A | 3. | Samples are properly stored. |
| Yes | No | N/E | N/A | 4. | Approved analytical methods used as required by permit. |
| Yes | No | N/E | N/A | 6. | Calibration and maintenance of instruments and equipment is satisfactory. |
| Yes | No | N/E | N/A | 7. | QA procedures are adequate. |
| Yes | No | N/E | N/A | 8. | QC procedures are adequate. |
| | | | | 9. | Commercial Laboratory Used: |
| | | | | | |
| | | | | | Laboratory Name: |
| | | | | | Laboratory Address: |
| | | | | | Laboratory Contact: |
| | | | | | Laboratory Phone: |
| | | | | | |
| | | | | | |

L. Records/Reports

| Yes | No | N/E | N/A | 1. | ecords and reports are maintained on site as required by perm | nit . |
|-----|----|-----|------|----|--|--------------------|
| Yes | No | N/E | N/A | 2. | formation is maintained on site for 3 years. | It. |
| Yes | No | N/E | N/A | 3. | MRs, MROs or MMRs, and CSO DMRs are completed prope | |
| Yes | No | N/E | N/A | | a. "No Ex" column is accurate. | my and accurately. |
| Yes | No | N/E | N/A | | b. Signatory requirements are met. | |
| Yes | No | N/E | N/A | | c. Reports are prepared by or under the direction of a certifi | |
| | | | | 4. | onitoring records are adequate and include: | led operator. |
| Yes | No | N/E | N/A | | a. Lab bench sheets. | |
| Yes | No | N/E | N/A | | c. Sample logs. | , |
| Yes | No | N/E | N/A | | c. Flow meter strip or circle charts and calibration records. | |
| Yes | No | N/E | N/A | | Laboratory instrument calibration and maintenance records. | 1. |
| | | | | 5. | etreatment records include: | ds. |
| Yes | No | N/E | N/A | | Inventory of Industrial Waste Contributors. | |
| Yes | No | N/E | N/A | | o. Monitoring data. | |
| Yes | No | N/E | N/A | | . Inspection reports. | |
| Yes | No | N/E | N/A | | l. Compliance status records. | |
| Yes | No | N/E | N/A | | Enforcement actions. | |
| | | | ···· | | . Sanorome denoms. | |

M. Compliance Schedules

| Yes | No | N/E | N/A | 1. | Monitoring milestones in the Schedule of Compliance have been met. |
|-----|----|-----|-----|----|--|
| Yes | No | N/E | N/A | 2. | Reporting milestones in the Schedule of Compliance have been met. |

N. Pretreatment (see Permit Part III for Delegated or Non-delegated program designation & requirements)

| Yes | No | N/E | N/A | 1 - The state of t |
|-----|----|-----|-----|--|
| | | | | 2. For both Delegated and Non-delegated (formerly "Hybrid") pretreatment programs: |
| Yes | No | N/E | N/A | a. Industrial or commercial discharges are regulated as required by the permit |
| Yes | No | N/E | N/A | b. The permittee enforces the Sewer Use Ordinance (SUO) and Enforcement Response Guide (ERG). |
| Yes | No | N/E | N/A | c. The permittee submitted its annual report by April 1 to IDEM's Pretreatment Group. |
| | | | | 3. For Non-delegated (formerly "Hybrid") pretreatment programs only: |
| Yes | No | N/E | N/A | a. The SUO has been developed or reevaluated and submitted to IDEM within 90 days of the permit effective date. |
| Yes | No | N/E | N/A | b. The ERG has been developed or reevaluated and submitted to IDEM within 90 days of the permit effective date. |

O. Summary of Monitoring Records Review

| MO/YR | Effluent Limit Violations | 70 | | Number of | |
|----------|---------------------------|------|---------|-----------|-------------------|
| 1V1O/11X | | Type | Outfall | Parameter | Violations |
| / | Yes No | | | | |
| /_ | Yes No | | | | |
| / | Yes No | | | | |
| / | Yes No | | | | |
| / | Yes No | | | | |
| / | Yes No | | | | |
| / | Yes No | - | | | |
| / | Yes No | | | | |
| / | Yes No | | | | |
| / | Yes No | | | | |
| / | Yes No | | | | |

O. Summary of Monitoring Records Review

| MOND | Effluent Limit | | 0 (6 1) | | Number of | |
|-------------|----------------|-----------|----------------|------------------|------------|--|
| MO/YR | | Туре | Outfall | Parameter | Violations | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | , | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
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| / | Yes No | | | | | |
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| / | Yes No | | | | | |
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| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| 1 | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| / | Yes No | | | | | |
| DMy - Daily | | N (A) (| onthly Average | % Parcent D | | |

DMx – Daily Maximum DMn – Daily Minimum

% - Percent Removal

MA – Monthly Average %
MxWA – Maximum Weekly Average

| Comments |
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